

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107516629

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	21					
5	16					
6	1					
7	1					
8	1					
9	1					
10	④1					
11	①1					
12	④1					
13	④1					
14	④1					
15	④1					
16	④1					
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39	④1					
40	④1					
41	④1					
42	④1					
43	④1					
44	1					
45	④1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
54	/							
55	/							
56	/							
57	/							
58	/							
59	/							
60	/							
61	/							
62	/							
63	①							
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98								
99								
100								
TOTAL IND.	2							
TOTAL DEP.	63							
TOTAL CLAIMS	65							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS